

(2) Has attained certification or licensing by the State, or non-statutory certification by the State psychological association.

(f) *Social worker.* A person who is licensed by the State in which he is practicing if the State licenses social workers, is a graduate of a school of social work accredited or approved by the Council on Social Work Education, and has 1 year of social work experience in a health-care setting.

(g) *Speech pathologist.* A person who is practicing, if the State licenses speech pathologists, and

(1) Is eligible for a certificate of clinical competence in speech pathology granted by the American Speech and Hearing Association under its requirements in effect on January 17, 1974; or

(2) Meets the educational requirements for certification, and is in the process of accumulating the supervised clinical experience required for certification.

(h) *Vocational specialist.* A person who has a baccalaureate degree and:

(1) Two years experience in vocational counseling in a rehabilitation setting such as a sheltered workshop, State employment service agency, etc.; or

(2) At least 18 semester hours in vocational rehabilitation, educational or vocational guidance, psychology, social work, special education or personnel administration, and 1 year of experience in vocational counseling in a rehabilitation setting; or

(3) A master's degree in vocational counseling.

[41 FR 20865, May 21, 1976. Redesignated at 42 FR 52826, Sept. 30, 1977, and amended at 53 FR 12015, Apr. 12, 1988; 54 FR 38679, Sept. 20, 1989. Redesignated and amended at 60 FR 2326, 2327, Jan. 9, 1995]

**§ 485.707 Condition of participation: Compliance with Federal, State, and local laws.**

The organization and its staff are in compliance with all applicable Federal, State, and local laws and regulations.

(a) *Standard: Licensure of organization.* In any State in which State or applicable local law provides for the licensing of organizations, a clinic, rehabilitation agency, or public health agency is

licensed in accordance with applicable laws.

(b) *Standard: Licensure or registration of personnel.* Staff of the organization are licensed or registered in accordance with applicable laws.

[41 FR 20865, May 21, 1976, unless otherwise noted. Redesignated at 42 FR 52826, Sept. 30, 1977. Further redesignated and amended at 60 FR 2326, 2327, Jan. 9, 1995]

**§ 485.709 Condition of participation: Administrative management.**

The clinic or rehabilitation agency has an effective governing body that is legally responsible for the conduct of the clinic or rehabilitation agency. The governing body designates an administrator, and establishes administrative policies.

(a) *Standard: Governing body.* There is a governing body (or designated person(s) so functioning) which assumes full legal responsibility for the overall conduct of the clinic or rehabilitation agency and for compliance with applicable laws and regulations. The name of the owner(s) of the clinic or rehabilitation agency is fully disclosed to the State agency. In the case of corporations, the names of the corporate officers are made known.

(b) *Standard: Administrator.* The governing body—

(1) Appoints a qualified full-time administrator;

(2) Delegates to the administrator the internal operation of the clinic or rehabilitation agency in accordance with written policies;

(3) Defines clearly the administrator's responsibilities for procurement and direction of personnel; and

(4) Designates a competent individual to act during temporary absence of the administrator.

(c) *Standard: Personnel policies.* Personnel practices are supported by appropriate written personnel policies that are kept current. Personnel records include the qualifications of all professional and assistant level personnel, as well as evidence of State licensure if applicable.

(d) *Standard: Patient care policies.* Patient care practices and procedures are

supported by written policies established by a group of professional personnel including one or more physicians associated with the clinic or rehabilitation agency, one or more qualified physical therapists (if physical therapy services are provided), and one or more qualified speech pathologists (if speech pathology services are provided). The policies govern the outpatient physical therapy and/or speech pathology services and related services that are provided. These policies are evaluated at least annually by the group of professional personnel, and revised as necessary based upon this evaluation.

[41 FR 20865, May 21, 1976. Redesignated at 42 FR 52826, Sept. 30, 1977, and amended at 53 FR 12015, Apr. 12, 1988. Redesignated and amended at 60 FR 2326, 2327, Jan. 9, 1995; 60 FR 50447, Sept. 29, 1995]

**§ 485.711 Condition of participation: Plan of care and physician involvement.**

For each patient in need of outpatient physical therapy or speech pathology services there is a written plan of care established and periodically reviewed by a physician, or by a physical therapist or speech pathologist respectively. The organization has a physician available to furnish necessary medical care in case of emergency.

(a) *Standard: Medical history and prior treatment.* The following are obtained by the organization before or at the time of initiation of treatment:

- (1) The patient's significant past history.
- (2) Current medical findings, if any.
- (3) Diagnosis(es), if established.
- (4) Physician's orders, if any.
- (5) Rehabilitation goals, if determined.
- (6) Contraindications, if any.
- (7) The extent to which the patient is aware of the diagnosis(es) and prognosis.
- (8) If appropriate, the summary of treatment furnished and results achieved during previous periods of rehabilitation services or institutionalization.

(b) *Standard: Plan of care.* (1) For each patient there is a written plan of care established by the physician or by the

physical therapist or speech-language pathologist who furnishes the services.

(2) The plan of care for physical therapy or speech pathology services indicates anticipated goals and specifies for those services the—

- (i) Type;
- (ii) Amount;
- (iii) Frequency; and
- (iv) Duration.

(3) The plan of care and results of treatment are reviewed by the physician or by the individual who established the plan at least as often as the patient's condition requires, and the indicated action is taken. (For Medicare patients, the plan must be reviewed by a physician at least every 30 days in accordance with § 410.61(e) of this chapter.)

(4) Changes in the plan of care are noted in the clinical record. If the patient has an attending physician, the therapist or speech-language pathologist who furnishes the services promptly notifies him or her of any change in the patient's condition or in the plan of care.

(c) *Standard: Emergency care.* The organization provides for one or more doctors of medicine or osteopathy to be available on call to furnish necessary medical care in case of emergency. The established procedures to be followed by personnel in an emergency cover immediate care of the patient, persons to be notified, and reports to be prepared.

[54 FR 38679, Sept. 20, 1989. Redesignated and amended at 60 FR 2326, 2327, Jan. 9, 1995]

**§ 485.713 Condition of participation: Physical therapy services.**

If the organization offers physical therapy services, it provides an adequate program of physical therapy and has an adequate number of qualified personnel and the equipment necessary to carry out its program and to fulfill its objectives.

(a) *Standard: Adequate program.* (1) The organization is considered to have an adequate outpatient physical therapy program if it can:

- (i) Provide services using therapeutic exercise and the modalities of heat, cold, water, and electricity;
- (ii) Conduct patient evaluations; and